

AUTHORIZATION TO RELEASE INFORMATION

1. I have filed with the California Department of Justice an "application" under Section 19840 of the Business & Professions Code. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me, the applicant. I accept any risk of adverse public notice, embarrassment, criticism, or other action or financial loss which may result from action with respect to this application.
2. I hereby authorize and request all persons to whom this request is presented, having information of any nature whatsoever relating to or concerning me, to furnish such information to a representative of the California Department of Justice.
3. I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a representative of the California Department of Justice to review and copy any such documents.
4. I hereby authorize a reproduction of this request to be treated for all intents and purposes as valid as the original.

Executed at _____, on the _____ day of _____, 19 ____.

City State

This release form shall be valid for 12 months from the date of execution.

Applicant Signature

Print Name

Signature of California Department of Justice Representative presenting this request.

Signature

Printed Name

Date